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STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN RESOURCES  
Vital Records Unit

Vol. m84 Page 9792

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DECEASED—NAME		First		Middle		Last		State File Number	
LYLE		CRAIG		SMITH				DATE OF DEATH (month, day, year)	
2 June 5, 1984									
RACE White, Black, American Indian, etc. (Specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Male		5a 62		5b 62		6 March 24, 1922	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (If none, give street and number)		F. HOSP. OR INST. Indicate DOA, OPI Emer., Rem., Inpatient (Specify)		COUNTY OF DEATH			
7a Klamath Falls		7b West Medical Center		7c Inpatient		7d Klamath			
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Oregon		9 U.S.A.		10 Married		11 Helen Durant		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 543-14-3810		14a Engineer/land surveyor		14b Self Employed					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D., ZIP		Inside City Limits (specify yes or no)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 4794 Onyx Drive 97603		15e No	
FATHER—NAME first middle last		MOTHER—first middle last (Maiden Name)		INFORMANT—NAME and relationship to deceased					
16 Homer M. Smith		17 Ethel Mae Thompson		18 Helen L. Smith, wife					
RITUAL CREMATION, REMOVAL, MAUS (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or town State					
19a Cremation		19b Eternal Hills Crematory		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY							
20a William J. Davenport		20b 6420 South Sixth Street, Klamath Falls, Oregon 97603							
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH					
21a Signature of Certifier		21b 6-5-84		21c 10:47 A.M.					
NAME AND ADDRESS OF CERTIFIER (Type or Print)									
21d Everett E. Howard, MD, 2622 Campus Drive, Klamath Falls, Oregon 97601									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)									
21e									
DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)		REGISTRAR							
22a JUN 7 1984		22b Signature of Registrar							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
PART I (a) CANCER									
DUE TO, OR AS A CONSEQUENCE OF									
(b)									
DUE TO, OR AS A CONSEQUENCE OF									
(c)									
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No)					
24 No		25 No							
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo. Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE	
26e No		26f		26g					
RESERVED FOR REGISTRAR'S USE									

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 12-83

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARTIN ACKERMAN, Registrar Vital Statistics

BY William J. Davenport, Deputy Registrar

Date JUN 7 1984

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 11th day of June A.D., 19 84 at 3:11 o'clock P M, and duly recorded in Vol M84 of Deeds on page 9792.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Return: Helen L. Smith 4794 Onyx Dr. Klamath Falls, Oregon 97603